

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 1625
CD-ROM or CD-R?:: None
Title:: FLUORO-SUBSTITUTED
BENZENESULFONYL COMPOUNDS FOR
THE TREATMENT OF INFLAMMATION
Attorney Docket Number:: PHA 4174.4 (3480/3)
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Secrecy Order in Parent?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: L.
Family Name:: Brown
City of Residence:: Chesterfield
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 15504 Twingate
City of Mailing Address:: Chesterfield
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Matthew
Middle Name:: J.
Family Name:: Graneto
City of Residence:: Chesterfield
~State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 352 Hartwell Court
City of Mailing Address:: Chesterfield
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Cindy
Middle Name:: L.
Family Name:: Ludwig
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 1412 Dautel Lane
City of Mailing Address:: St. Louis
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63146

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: M.
Family Name:: Molyneaux
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 12420 Highlife Drive
City of Mailing Address:: St. Louis
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63146

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: J.
Family Name:: Talley
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 122 Hamilton St. Apt. 2
City of Mailing Address:: Cambridge
State or Province of Mailing
Address:: MA
Postal Code of Mailing Address:: 02139

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	10/319,916	12/13/02
10/319,916	Continuation of	10/124,209	04/16/02
10/124,209	Non-Provisional of	60/285,264	04/20/01

Assignee Information

Assignee Name::

Pharmacia Corporation